Department of Medical Assistance Services
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http://www.dmas.state.va.us

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medicaid Program and FAMIS Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 11/30/17

SUBJECT: Commonwealth Coordinated Care Program - Close Out

The purpose of this memo is to inform providers of the sunset of the Commonwealth Coordinated Care (CCC) program, close out instructions for CCC providers, and the transition of CCC members to the Commonwealth Coordinated Care Plus (CCC Plus) program.

BACKGROUND

Since 2011 the Virginia General Assembly has shown bipartisan support, through mandated budgetary language, to transition all Medicaid enrollees from the Fee-For-Service delivery model into the Managed Care Model to achieve high quality care and budget predictability. Since CCC coverage is limited by population, region and participation is voluntary, DMAS is not able to maintain the CCC program and meet the aims of the legislative mandate. With this in mind, DMAS will sunset the CCC program effective December 31, 2017.

CONTINUITY OF CARE, SERVICE AUTHORIZATIONS, AND BILLING

The **Continuity of Care** period lasts for up to ninety (90) days. During this period all CCC members are able to maintain his or her current Medicaid providers, even if that provider has not contracted with the member's new health plan (out-of-network providers). Additionally, during this period, the new CCC Plus health plan is required to make reasonable efforts to contact out-of-network providers and provide them with information on becoming credentialed, in-network providers. The CCC Plus health plan may, but is not required to, offer single-case agreements to providers who are not willing to enroll in the Contractor's provider network but wish to continue to see the member. If the provider does not join the network, or the member does not select a new in-network provider within ninety days, the CCC Plus health plan will assign the member a new provider. Nursing Facility residents are an exception to this process and will remain with their current Nursing Facility so long as they wish to stay there.

For **Service Authorizations**, the CCC health plans (called Medicare-Medicaid Plans or MMP's) will continue to receive and process requests through the last day of operations, December 31, 2017. Providers must submit service authorization requests to the health plan the member is enrolled with on the date the request is made. Information about existing authorizations will be automatically sent to the member's new health plan and the new health plan is required to honor

existing authorizations for the duration of the service authorization or for ninety calendar days from enrollment, whichever comes first. If the authorization ends prior to ninety (90) calendar days from enrollment, the authorization must be extended until the CCC Plus health plan completes the Health Risk Assessment.

For **Billing**, since the CCC program is ending December 31, 2017, DMAS encourages all CCC program claims to be submitted to the respective CCC health plan by March 31, 2018. Additionally, DMAS encourages all CCC/MMP program processes, such as reconciliation and any other related CCC business be completed by July 1, 2018. The CCC MMP's are required to accept and process all claims that were provided while the member was enrolled in their plan; however, since the program is ending, prompt claim submission is imperative. **All CCC timesheets for billing Consumer Directed services must be submitted to PCG, Public Partnerships (PPL) by February 2, 2018**. **Timesheets submitted after February 2 will be denied.**

In order to identify which health plan a member is enrolled with on the date the service authorization is requested or the date a service is provided for claim, the provider must use the DMAS web portal eligibility verification system or Medi-Call. Please see *Appendix A* of this memo for tips on how to identify which health plan you need to work with.

CCC BENIFICIARY TRANSITIONS

For **Medicaid** coverage, members who are enrolled in a CCC program health plan that has also contracted with the state as a CCC Plus health plans (Anthem HealthKeepers and Virginia Premier) will transition from the CCC plan to the CCC Plus plan without a break in services. These members will be notified of the transition and their ability to select a different CCC Plus health plan on or near December 1, 2017. Services through their new health plan will start January 1, 2018. They will have an additional 90 days (until March 31, 2018) from the start of their CCC Plus coverage to select a different CCC Plus health plan. These members will have their first open enrollment period October 1, 2018, which is six (6) months after their last option to switch plans.

CCC members who are enrolled in a CCC health plan that is not also contracted with the state as a CCC Plus health plan (Humana) will be assigned to a CCC Plus health plan using an intelligent assignment algorithm. This algorithm has been designed to minimize the disruption of services as much as possible by assigning members to a health plan that is contracted with the members 'priority' provider(s) (Nursing facility, Adult Day, or Private Duty Nursing providers). These members will also be notified of the transition and their ability to select a different CCC Plus health plan on or near December 1, 2017 and services will start with their new health plan January 1, 2018. They also will have an additional 90 days (until March 31, 2018) from the start of their CCC Plus coverage to select a different CCC Plus health plan. These members will have their first open enrollment period October 1, 2018, which is six (6) months after their last option to switch plans.

For **Medicare** coverage, the Centers for Medicare and Medicaid Services (CMS) has elected to allow certain members enrolled in a CCC health plan (Anthem and Virginia Premier) that has also contracted with the state and CMS as a Medicare Advantage (MA) Dual-Eligible Special Needs Plan (D-SNP) to transition from the CCC plan to the D-SNP without a break in service. This arrangement is subject to certain conditions including:

- Ensuring that the CCC health plan and D-SNP have substantially similar provider and facility networks;
- The organization's D-SNP and CCC Plus plan provides substantially similar or enhanced Medicare and Medicaid benefits;
- Beneficiaries will not be subject to an MA premium or increases in Medicare cost-sharing; and
- The overall D-SNP capitated payment rate is limited to the CY 2018 Medicare Fee-For-Service (FFS) risk-adjusted county rate.

These members will be notified of their ability to enroll in alternative Medicare coverage options, including a different MA plan or Original Medicare with a Part D plan, in October as part of Medicare open enrollment. D-SNP services for these members will begin January 1, 2018.

See *Appendix B* for the localities where CMS is automatically transition members from CCC Plus to D-SNP.

Members that are not automatically transitioned to a D-SNP will also be notified of the change in their coverage in October and will move to Original Medicare with a standalone Part D plan on January 1, 2018, unless they choose another Medicare coverage option (i.e., MA plan).

Questions can be submitted to the CCC Plus Mailbox at: CCCPlus@dmas.virginia.gov

Appendix A: Online Member Eligibility Inquire Look-Up System (ARS)
Appendix B: CMS CCC Plus Transition List

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care (CCC), Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.
Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Commonwealth Coordinated Care Plus (CCC Plus): http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- Program of All-Inclusive Care for the Elderly (PACE): http://www.dmas.virginia.gov/Content_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts

associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to talk to your Medicare patients about the new Medicare Card. Bookmark the New Medicare Card homepage and Provider webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that's unique to you, instead of your Social Security Number. This will help to protect your identity.

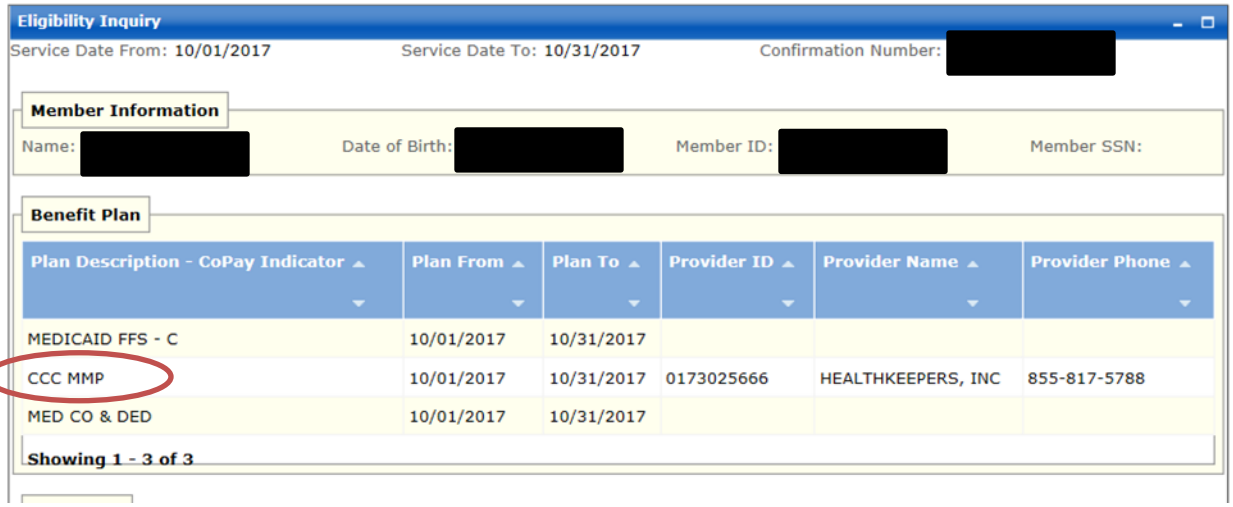
Additional information is available at the following link:
https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html

Appendix A.

Below are screenshots from the online member eligibility inquire look-up system (known as ARS) through Medicaid Management Information System (MMIS). More information regarding ARS can be found here (this link may not work if you are not registered MMIS user).

A member's status, including Medicaid eligibility, program (CCC, CCC Plus, Medallion, etc.) enrollment and health plan assignment are updated monthly. Please check member's status on the first of each month to verify their current status.

CCC Member:


Eligibility Inquiry

Service Date From: 10/01/2017 Service Date To: 10/31/2017 Confirmation Number: [redacted]

Member Information

Name: [redacted] Date of Birth: [redacted] Member ID: [redacted] Member SSN:

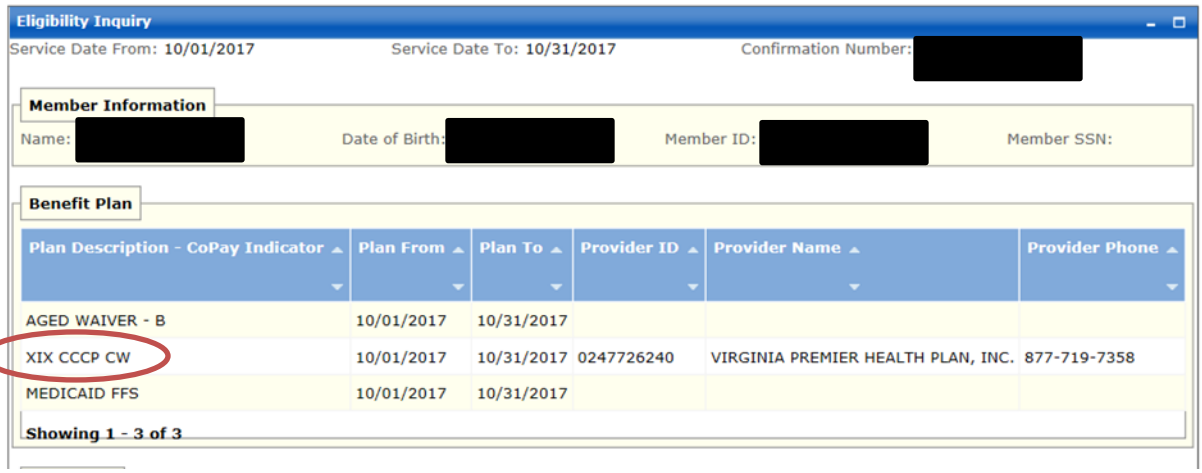
Benefit Plan

Plan Description - CoPay Indicator	Plan From	Plan To	Provider ID	Provider Name	Provider Phone
MEDICAID FFS - C	10/01/2017	10/31/2017			
CCC MMP	10/01/2017	10/31/2017	0173025666	HEALTHKEEPERS, INC	855-817-5788
MED CO & DED	10/01/2017	10/31/2017			

Showing 1 - 3 of 3

See "CCC MMP" under "Plan Description", circled above. Members enrolled in CCC will continue to show CCC enrollment through 12/31/2017. CCC Plus enrollment (see below) will not show up until 01/01/2018.

CCC Plus Member:


Eligibility Inquiry

Service Date From: 10/01/2017 Service Date To: 10/31/2017 Confirmation Number: [redacted]

Member Information

Name: [redacted] Date of Birth: [redacted] Member ID: [redacted] Member SSN:

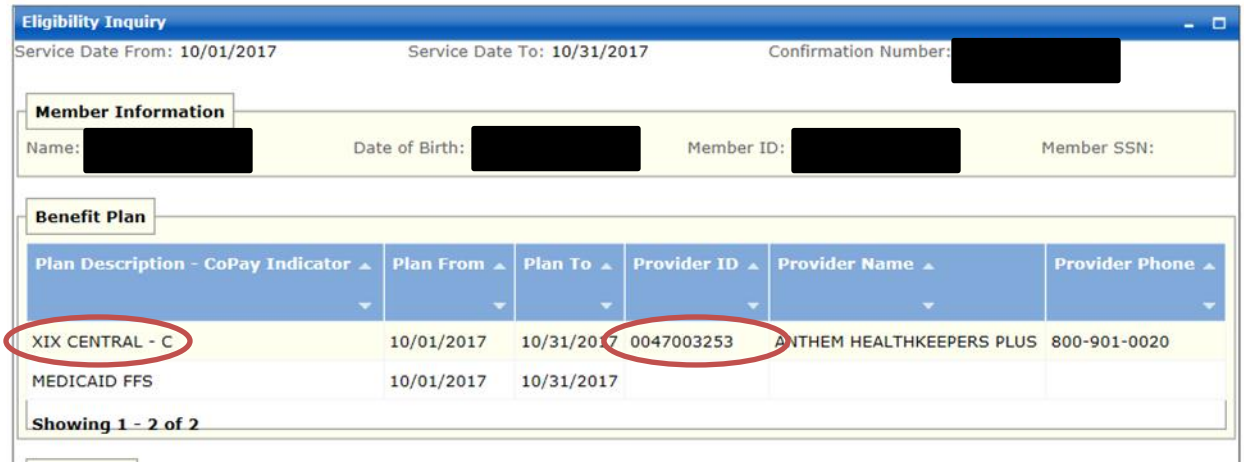
Benefit Plan

Plan Description - CoPay Indicator	Plan From	Plan To	Provider ID	Provider Name	Provider Phone
AGED WAIVER - B	10/01/2017	10/31/2017			
XIX CCCP CW	10/01/2017	10/31/2017	0247726240	VIRGINIA PREMIER HEALTH PLAN, INC.	877-719-7358
MEDICAID FFS	10/01/2017	10/31/2017			

Showing 1 - 3 of 3

See "XIX CCCP" under "Plan Description", circled above. Members transitioning from CCC and Medallion (see below) will not show up as CCC Plus until 01/01/2018.

Medallion 3.0 Member:



Unlike CCC and CCC Plus, Medallion 3.0 is not identified by acronym under Plan Description. Members enrolled in Medallion 3.0 will continue to show Medallion enrollment through 12/31/2017.

Appendix B.

Anthem HealthKeepers

- Alexandria City
- Spotsylvania
- Amelia
- Bath
- Emporia City
- Essex
- Franklin City
- Fredericksburg City
- Highland
- Hopewell City
- King George
- Nelson
- Orange
- Prince George
- Stafford

Virginia Premier

- Amelia
- Bath
- Emporia City
- Essex
- Franklin City
- Highland
- Hopewell City
- King George
- Nelson
- Orange
- Prince George
- Pulaski